

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006556

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1102

FILED MAR 8 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	DOCUMENT
1			
2 7093			
3			
4 0			
5 1			
6			
7 1			
8 1			
9 22X			
10			
11			
12 66-0			
13			
USE BLACK INK OR TYPEWRITER RIBBON	ITEM NO.	SHOULD READ	BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>KANSAS CITY</b>		c. CITY OR TOWN <b>RAYTOWN</b>	
Length of stay in 1b <b>1 WEEK</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <b>ST. LUKE'S HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>9313 EAST-63RD STREET</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>ARTHUR EUGENE GARVIN</b>		4. DATE OF DEATH Month Day Year <b>FEBRUARY 18 1963</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5/4/1896</b>
9. AGE (last birthday) <b>66</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>VICE PRESIDENT BUSINESS MANAGER RAYTOWN NEWS</b>	
11. BIRTHPLACE (City and state or country) <b>ERIE KANSAS</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>B. W. GARVIN</b>		13b. MOTHER'S MAIDEN NAME <b>NELLIE SMITH</b>	
14. NAME OF HUSBAND OR WIFE <b>MILDRED GARVIN</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WORLD WAR I</b>	
16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. INFORMANT <b>MRS. MILDRED GARVIN RAYTOWN MISSOURI</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral as well as Thrombosis</b> DUE TO (b) <b>Post-op Resection of aneurysm of aortic arch 2 days</b> DUE TO (c) <b>[REDACTED]</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>KANSAS CITY</b>	
20g. COUNTY <b>MISSOURI</b>		20h. STATE <b>MISSOURI</b>	
21. I attended the deceased from <b>Feb. 9 - 63</b> to <b>Feb. 18 - 63</b> and last saw him alive on <b>Feb. 18, 1963</b> Death occurred at <b>6:40 P.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>Hector M. Benoit Jr. M.D.</b>	
22b. ADDRESS <b>4620 Nichols Plwy, K.C. Mo.</b>		22c. DATE SIGNED <b>2/19/63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>FEB 20, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>FLORAL HILLS CEMETERY</b>	
23d. LOCATION (City, town, or county) <b>KANSAS CITY</b>		23e. STATE <b>MISSOURI</b>	
24. FUNERAL DIRECTOR <b>DW. NEWCOMER'S SONS</b>		25. DATE RECD. BY LOCAL REG. <b>2-19-63</b>	
26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>		27. ADDRESS <b>1331 BRUSH CREEK</b>	

Dr. John H. Meyer, Jr.  
508 Plaza Building Bldg - 416 201 P. Medical Building  
8:00 - 0 - 0 - 0 - 0 - 0

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

Student \_\_\_\_\_

**Signed**

**P. O. Address**

If this body is not embalmed, fact should be so stated above.